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ABSTRACT

Noting that there is a group of young children for whom emotional development does not proceed smoothly, placing the children at risk for poor cognitive, social, and behavioral outcomes, this policy paper paints a portrait of the kinds of young children and families who are in need of preventive, early intervention, or treatment services and offers relevant recommendations. The paper presents findings from research supporting why policymakers should invest in improving social and emotional health in young children, including the finding that achieving the national policy goal of school readiness for all children requires paying more strategic attention to early social, emotional, and behavioral challenges as well as cognitive and physical development. The paper next details a framework for action, noting objectives and characteristics of effective childhood mental health strategies as well as common elements of emerging service delivery strategies and initiatives. The paper then sets forth 10 action steps to move the agenda, including: developing state, community, and national strategies to ensure that healthy emotional development is integrated into the larger early childhood agenda; and addressing the key infrastructure and policy challenges, such as funding, serving young children who are at risk of developing and experiencing long-lasting emotional and behavioral problems, and building needed interagency collaborations. The paper's three appendices list: contact information for pertinent organizations; selected national organizations; and selected references for policymakers. (Contains 46 endnotes.) (HTH)

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ED 459 005

# Promoting the Emotional Well-Being of Children and Families

POLICY PAPER #1

# Building Services and Systems to Support the Healthy Emotional Development of Young Children

## *An Action Guide for Policymakers*

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## PROMOTING THE EMOTIONAL WELL-BEING OF CHILDREN AND FAMILIES

This document is part of a new policy paper publication series that reflects a larger effort the National Center for Children in Poverty (NCCP) is undertaking with generous support from the Casey Family Programs to help the most vulnerable families. It continues and builds on NCCP's earlier work to document effective strategies and highlight policy opportunities and challenges to promote the emotional health of young children and families. The policy papers in this series will help policymakers, community leaders, and advocates take action to ensure the healthy development of children and their families.

This guide sets forth a framework for community and state action to help families and caregivers address the widespread emotional challenges that young children are facing all across this country. It describes the scope of the problem; highlights emerging strategies, challenges, and opportunities; and provides concrete tips from early leaders for those seeking to move this agenda, as well as more general recommendations.

PROMOTING THE EMOTIONAL WELL-BEING OF CHILDREN AND FAMILIES

# Building Services and Systems to Support the Healthy Emotional Development of Young Children

## *An Action Guide for Policymakers*

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*Building Services and Systems to Support the Healthy Emotional Development of Young Children—An Action Guide for Policymakers*

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*Science paints a picture of both hope and caution. It tells us that young children are resilient, that problems may be transitory, that children respond to environmental supports and changes. But it also tells us that the risks and potential lost opportunities are real. It underscores the importance of focusing on preventive and early intervention, rather than simply referring young children for treatment or assuming that the children will outgrow problems.*

## Executive Summary

### Overview

For most young children, early experiences—sensitive, responsive parents, stable child care situations, and generally supportive emotional experiences—provide the kind of nurturing and stimulation that enables them to develop age-appropriate emotional and cognitive competencies. But there is also a group of young children for whom emotional development does not proceed smoothly, placing the children at risk for poor cognitive, social, and behavioral outcomes. To date, there has been very little systematic attention paid to how to develop policies and practices to promote healthy emotional development in these children. This guide is for policymakers and community leaders who want to craft such policies and improve practices. It paints a portrait of the kinds of young children and families who are in need of preventive, early intervention, or treatment services; highlights why policymakers should invest in such services; describes emerging principles and strategies for what are often called early childhood mental health services; and offers concrete tips from early leaders in these efforts, as well as more general recommendations.

### Key Findings from Research: Why Policymakers Should Invest in Improving Social and Emotional Health in Young Children

- The earliest years set the stage for lifetime emotional skills, competencies, and problems.
- Many young children are not developing the emotional skills that they will need to succeed in school and be productive members of society.
- Achieving the national policy goal of school readiness for all children requires paying more strategic attention to early social, emotional, and behavioral challenges as well as cognitive and physical development.

### A Framework for Action

Early childhood mental health strategies should be designed to:

- Enhance the emotional and behavioral well-being of infants, toddlers, and preschoolers to promote early school success, particularly those whose emotional development is compromised by poverty or other risk factors.
- Help parents be more effective nurturers.
- Expand the competencies of nonfamilial caregivers to prevent and address problems.
- Ensure that more seriously troubled young children get appropriate help.

Effective mental health services for young children are:

- Grounded in developmental knowledge.
- Relationship-based.
- Family supportive:
- Infused into existing early childhood networks and services.
- Responsive to the community and cultural context.
- Attentive to outcomes, especially those related to school readiness.

Emerging service delivery strategies and initiatives have these elements in common:

- Initial leadership comes from different agencies and systems.
- Partnerships are key.
- Services offered reflect a range of intensities, from those that promote emotional health to early intervention to treatment strategies.
- Entry points vary, but all build on the existing community network of early childhood services, such as home visiting, Early Head Start, Head Start, and center and family-based child care.

## Ten Action Steps to Move the Agenda

1. Build the vision and get started, even with one cluster of services, such as early childhood mental health consultation.
2. Pay attention to language and employ words that are "user-friendly." Sometimes policymakers, families, and the public find the term "early childhood mental health" off-putting.
3. Develop state, community, and national strategies to ensure that healthy emotional development is integrated into the larger early childhood agenda.
4. Ensure a strong family voice in the planning and implementation of services and service delivery strategies to promote children's healthy emotional development.
5. Address the key infrastructure and policy challenges, including funding, serving young children who are at risk of developing and experiencing long-lasting emotional and behavioral problems, and building needed interagency collaborations.
6. Expand the capacity and size of the work force with the appropriate child development and mental health skills and perspectives.
7. Increase the ability to track outcomes, efficacy, and cost.
8. Build the evidence base about the effectiveness of different kinds of interventions, especially linked to outcomes such as school readiness.
9. Forge national coalitions and partnerships.
10. Strengthen federal leadership.

## Conclusion

Many kinds of services are emerging to help emotionally at-risk children. These include interventions for parents and children, both separately and together—such as informal parent play groups facilitated by mental health professionals and infant-parent therapy. Other services take the form of classroom-based interventions for preschool-age children; crisis intervention; consultation and training to child care providers, teachers, and others who work directly with children and families; and screening and assessment strategies. Even in the face of limited resources, by forging new alliances and building on local and state assets that already exist, it is possible to move forward and respond to an arena of child development that has, from a public policy and practice perspective, been too long ignored.

*Young children and their caregivers need developmentally appropriate intervention that will prevent more serious emotional and behavioral problems, repair problematic relationships, and help young children develop the emotional skills they need to succeed in school.*

*All children are born wired for feelings and ready to learn, and how they feel is as important as how they think, particularly with regard to school readiness.*

Shonkoff, J. & Phillips, D. A. (Eds.) & National Research Council. (2000). *From neurons to neighborhoods: The science of early childhood development.* Washington, DC: National Academy Press

## Introduction

For most young children, early experiences—sensitive, responsive parents, stable child care situations, and generally supportive emotional experiences—provide the kind of nurturing and stimulation that enables them to develop age-appropriate emotional and cognitive competencies. But there is also a group of young children—indeed, a rather large group of children—for whom emotional development does not proceed smoothly, placing the children at risk of poor cognitive, social, and behavioral outcomes. Yet there has been very little systematic attention paid to how to develop policies and practices to promote healthy emotional development in these children. This guide is for policymakers who want to meet this challenge. It aims to provide basic information about what kind of help is needed, what the system challenges are, and how to develop the needed services and infrastructure at a community or a state level. It draws on the wisdom of a group of leaders in the field, identified in Appendix A, who shared their insights generously with the National Center for Children in Poverty (NCCP).

The policy paper first paints a portrait of the kinds of young children and families who are in need of preventive, early intervention, or treatment services. The second part highlights why policymakers, advocates, and other leaders should be paying attention to the emotional health of young children. The third part addresses the challenge of designing and developing early childhood mental health services. The fourth part identifies 10 areas for states, communities, and the federal government to address in order to move this urgent agenda forward. Throughout the report, sidebars provide "Tips" based on the successful experiences of policymakers and leaders.

## Setting the Context

### Who Needs Help?

*Aliza is three and one-half years old. Her mother, a single parent, is trying to work full-time. But Aliza's behavior is very difficult for her mother to manage. She constantly runs out of her child care classroom, frequently hits the other children or grabs toys from them, and doesn't really enjoy many of the activities. This is her third child care center, and her mother has just gotten a call from the director saying that other parents are complaining, and the staff feel they cannot keep her. Aliza's mother is distraught. She is afraid she will loose her job.*

*Jeremy is 18 months old, but he seems much younger. Often he is angry, but he also cries a lot and sometimes clings to almost anyone. Although the Early Head Start staff have tried to help him, they feel that they are really not able to meet his needs. His mother, who has two other young children, seems listless and not very interested in her son.*

*Sarita is four and one-half. She is a very bright child, who loves to keep moving and has been encouraged to ask questions of adults. But in her new child care program, the staff finds her very threatening and is constantly giving her time-outs for her behavior. She is becoming increasingly depressed and silent. Her grandmother, who is raising her, does not know what is wrong. When she talks with the teachers, they tell her that Sarita needs discipline.*[1]

Research, recently dramatically supplemented by new understanding about early brain development, tells us that a child's earliest experiences set the stage for how he or she relates to others, feels about him or herself, and manages impulses and emotions.[2] Most young children develop emotional competencies and skills—such as learning to talk about their feelings, learning to share, learning to trust adults, engaging fully in play—that enable them to make the transition to school successfully. But for some, problems are visible even in the earliest years.

The early warning signs vary depending upon the age of the child as well as familial, biological, and other circumstances. Infants and toddlers may have persistent problems developing strong and positive attachments to their primary caregivers. Some are extra sen-

sitive to being touched, either by people or objects. As preschoolers, the children may exhibit behaviors that are stunningly aggressive or show early signs of bullying; others simply remain disengaged, unwilling to trust adults or other children. Some are often sad and lack any curiosity. Some have been traumatized by witnessing family violence; others have themselves been victims of abuse. More frequently than people would like to believe, the children are "kicked out" of early care and education programs because of their behaviors. Others who are hurting in silence remain unnoticed or are seen as lagging behind in developing skills needed for the early school years. All of these children need help, and they need it before the problems intensify and become barriers to early school success.

## What Can Help?

From a broad perspective, the first line of defense in promoting emotional health in young children is ensuring that their families are economically secure and able to access basic supports (including food, health care, housing, and transportation) for themselves and their children. Equally important is access to high quality early child care and learning experiences as well as health care for the children and their parents. Often, however, the challenges are deeper, and even the best child development and family support strategies are not sufficiently robust to deal with the emotional challenges and problematic relationships young children experience. Something more is needed—interventions to help young children achieve age-appropriate social, emotional, social, and behavioral competencies. Right now, such interventions are rare. But as recognition of the importance of developing strategies to help emotionally vulnerable young children increases, there is new interest in a cluster of services referred to alternatively as infant and toddler mental health services, early childhood behavioral health services, services to prevent early school failure, or, the words primarily used in this document, early childhood mental health services.

The term early childhood mental health services refers to strategies and service delivery mechanisms to help families and other caregivers gain access to information, mentoring, support, early intervention, and, if needed, treatment to prevent further damage and reverse early harms related to problematic social, emotional, and behavioral development. Sometimes these strategies involve the child directly. But often, because of their age, the best way to help young children is to help their caregivers—family members, child care providers, home visitors, and teachers—be more effective.

## Why Should Policymakers Invest in the Emotional Development of Young Children?

Many people, policymakers among them, are skeptical about early childhood mental health, believing that either the problems are not serious or the children will outgrow them. But this does not take into account the three cost-sensitive reasons that policymakers should care about the emotional status of young children. These reasons, and their implications for early childhood mental health, are spotlighted below.

### The earliest years set the stage for lifetime emotional skills, competencies, and problems.

A compelling and cumulative body of research developed over the past decade from multiple disciplines and perspectives points to the importance of early development, and particularly early emotional development, as a critical factor in longer-term outcomes for children. Much of this research has been thoughtfully summarized in recent documents such as the report from the National Research Council, *From Neurons to Neighborhoods: The Science of Early Childhood Development.*[3] The research tells policymakers and others that:

- *The roots of later healthy emotional and behavioral functioning lie in the earliest relationships that infants and toddlers have with their primary caregivers.* These relationships set the stage for how that child learns to regulate emotions, and how he or she perceives the emotions of others, which, in turn, affects all domains of development, including cognitive learning. Therefore, it is in society's interest to invest in efforts to see that young children get off to a healthy start not just physically, but emotionally.

- *Emotional problems in young children often, although by no means always, can be traced to family caregiving environments that cannot meet children's needs for nurturing and stimulation.* There are many reasons for this—sometimes the caregivers, parents, or others are simply too burdened by their own stresses, or

## FACING AN IGNORED CHALLENGE: MATERNAL DEPRESSION AND THE EMOTIONAL DEVELOPMENT OF YOUNG CHILDREN

- Low-income women experience rates of clinical depression at rates twice as high as other women. Over 40 percent of low-income women report depressive symptoms across a wide range of studies.
- Poor outcomes for young children whose mothers are depressed are visible in the cognitive and behavioral performance of children as young as 36-months.
- Children whose mothers experience maternal depression are at high risk themselves for developing depression, anxiety, and conduct disorders.

Sources: Lennon, M. C.; Blome, J.; & English, K. (2001). *Depression and low-income women: Challenges for TANF and welfare-to-work policies and programs.* New York, NY: National Center for Children in Poverty, Columbia University Mailman School of Public Health; and Zeanah, C., Jr. (Ed.). (1993). *Handbook of infant mental health.* New York, NY: Guilford Press.

they themselves have had such inadequate parenting that they do not know how to provide the needed nurturing and stimulation. Some parents face special barriers that, in turn, impose special barriers on young children. The literature increasingly points, for instance, to the negative consequences of maternal depression on young children. (See box above.) Substance abuse and domestic violence also take a heavy toll (and often coexist with each other and with depression).[4] Other causes include biological or environmental factors (for instance, related to lead poisoning). All this suggests that early childhood mental health strategies need to include attention to family and environmental barriers that make it hard for children to thrive emotionally.

- *Early learning and early emotional development are connected.*[5] Cognitive, behavioral, and emotional functioning, especially in the earliest years, are intertwined more closely than has been previously understood. In particular, a child's emotional status affects early school performance, which in turn predicts later school outcomes. There is also evidence that early child care and learning environments can escalate or inhibit behaviors depending upon teacher/caregiver management skills and relationships with the child. So getting young children off to a positive start in the early school years makes a long-term difference.

- *There is long-standing evidence that, for some proportion of children, behavioral problems visible in the pre-school and early school years lead to later conduct disorders.*[6] These in turn, are related to high-cost impacts involving special education and often, juvenile justice. Research also suggests that for these children, intervention before the fourth grade can interrupt the negative cycle.

- *One of the most harmful risk factors to young children, including to their emotional development, is poverty.*[7] Not all poor young children show signs of emotional distress; some are resilient and are in families able to provide a buffer against the most harmful effects of poverty. But with close to 40 percent of all young children under age six in families with incomes at or below 200 percent of the poverty level, the potential risks are great.[8]

- *The more risk factors young children experience, the higher the probability that their emotional and cognitive development will be compromised.*[9] Some of this risk can be mitigated by factors that occur naturally in a child's environment, such as the sustained presence of a caring adult. But for many others, planning intensive and targeted services to children or their families may be required. (See box below.)

## PREVALENCE DATA ON RISK FACTORS

- Some 31 percent of all kindergarten children are exposed to three or more demographic risks predictive of poor outcomes (i.e., low maternal education, single parent, English not a first language, teen parent, and low-income), 15 percent to two or more.
- Research on low-income families shows much higher levels of risk.
  - A national sample of Head Start programs reported that 17 percent of the children had been exposed to domestic violence, while 3 percent had been victims of violence, a risk factor that often coexists with others (including maternal depression).
  - Low-income families report generally higher levels of stress than their higher-income counterparts. Stress affects parenting negatively, and hence child outcomes.
  - Among 700 women transitioning from welfare to work, 44 percent faced three or more significant barriers to work. This means that their children face three or more significant barriers to school readiness.
  - Overall, it is estimated that anywhere between 25 and 50 percent of low-income children experience risk factors above and beyond poverty.

Sources: Liaw, F. & Brooks-Gunn, J. (1994). Cumulative familial risks and low birth weight children's cognitive and behavioral development. *Journal of Clinical Child Psychology, 23*, 360–372, and Werner, E. E. & Smith, R. S. (1982). *Vulnerable but invincible: A longitudinal study of resilient children and youth.* New York, NY: McGraw-Hill.


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**Many young children are not developing the emotional skills that they will need to succeed in school and be productive members of society.**

There is no simple answer to the question: how many young children are at risk of early school failure because of the emotional and behavioral challenges they face.[10] Each year, about 4 million children enter kindergarten. In a recent longitudinal study of 22,000 of these entering kindergartners, about 10 percent showed behaviors predictive of early school failure.[11] For low-income children, the estimates are usually two or three times as high. For example, a survey in an urban school district found that 27 percent of the children in kindergarten showed signs of problem behaviors.[12] Another, also focused on low-income children, reported that 16 percent of the children were held back in first grade, often because of behavioral problems.[13] This is a very high and disturbing number of children. Preschool teachers report that children's disruptive behavior is the single greatest challenge they face and that there seem to be increasing numbers of disruptive and aggressive children in their classes each year.[14] Typical are the findings from one rigorous Head Start study in which teachers reported that about 40 percent of preschoolers exhibit at least one problem behavior and 10 percent six or more antisocial, aggressive behaviors daily.[15] Especially troubling, given the pervasiveness of emotional and behavioral problems, is the finding from a national study of Head Start that those children who show high levels of behavioral problems at the beginning of the program year show little change by the end.[16]

With respect to children who already manifest signs of serious disturbance, prevalence figures, largely based on scattered studies, vary. For example, one set of studies suggests that between 4 and 7 percent of young children have some form of diagnosable conduct disorders.[17] Another study involving 3,800 preschoolers and using a broader set of psychiatric criteria reported 21 percent of the children showed signs of psychiatric disorder, 9 percent of them severe.[18] Community studies of Head Start children suggest prevalence rates of 5 to 33 percent.[19] Significant increases in the use of psychotropic drugs with preschool-aged children have also been reported, despite the fact that research on the long-term impacts of these drugs on young children is limited.[20]

*Science paints a picture of both hope and caution. It tells us that young children are resilient, that problems may be transitory, that children respond to environmental supports and changes. But it also tells us that the risks and potential lost opportunities for healthy emotional development are real.*

**Achieving the national policy goal of school readiness for all children requires paying attention to early social, emotional, and behavioral challenges as well as cognitive and physical development.**

In 1994 Congress enacted P.L.103-227, The Educate America Act.[21] This act sets forth a national goal that "all children shall enter school ready to learn." Given the growing research knowledge about the integral connections between early emotional development and later cognitive as well as emotional competencies, implementing this goal makes focussing attention on the emotional status of young children essential. Child-focused domains of school readiness include physical health, cognitive and language development, general knowledge, and social and emotional factors. From a policy perspective, the emphasis on school readiness provides a significant opportunity to address the long ignored issue of the emotional development of those most emotionally at-risk, including low-income children. Indeed, given the numbers, it seems imperative.

In sum, the rationale for societal investment in promoting the emotional health of young children is solid. Science paints a picture of both hope and caution. It tells us that young children are resilient, that problems may be transitory, that children respond to environmental supports and changes. But it also tells us that the risks and potential lost opportunities for healthy emotional development are real. It underscores the importance of focusing on preventive and early intervention, rather than simply referring young children for treatment or assuming that the children will outgrow problems. The concerns of the early childhood community underscore the importance of action, while the national goal that every child shall enter school ready to learn provides a clear policy context through which to promote the emotional health of all young children.

## Building Services and Systems to Support the Healthy Emotional Development of Young Children

The challenge that the early childhood field faces is how to translate the research knowledge about the causes and consequences of poor emotional development into effective systems of support that can help young children, their families, and their caregivers. Drawing together recent experience, research, and lessons from practitioners, this section offers a framework for action. It highlights goals, characteristics of effective interventions, and emerging state and community strategies to ensure that even young children whose early emotional development is compromised get help soon enough and of appropriate intensity to make a difference. Together, this information provides a foundation that others can use.

### Setting Goals

The overall aim of early childhood mental health services is to improve the social and emotional well-being of young children and families by strengthening relationships with caregivers and promoting age-appropriate social and emotional skills. To achieve this, a consensus is emerging that early childhood mental health strategies should be designed to:[22]

- *Enhance the emotional and behavioral well-being of infants, toddlers, and preschoolers to promote early school success.* Of particular concern are young children whose emotional development is compromised by poverty or other risk factors.
- *Help parents be more effective nurturers.* Addressing parental barriers such as their own poor parenting models, substance abuse, domestic violence, depression, inappropriate expectations about child development, and other stressors can help parents be more effective in encouraging healthy emotional development in their young children. (Parents in this context means anyone who serves as the primary caregiver(s) for a child, including grandparents, other relatives, foster care parents, kinship care givers, as well as noncustodial parents, typically fathers).
- *Expand the competencies of nonfamilial caregivers to prevent and address problems.* As young children spend more time in nonfamilial care, the opportunities to enhance or impede their early development multiplies. Therefore, it becomes more important that child care providers, home visitors, family support workers, Early Head Start and Head Start staff, and child welfare workers have the skills they need to promote the emotional well-being of infants, toddlers, and preschoolers.
- *Ensure that the more seriously troubled young children get appropriate help.* Infants, toddlers, and preschoolers experiencing atypical emotional development need, along with their families, ready access to appropriately intensive treatment, building on emerging clinical knowledge.

As these goals suggest, while there are some children and families who need treatment for the more serious problems, the focus of early childhood mental health systems should be on promoting healthy emotional development and intervening early when problems appear. Thus, the early childhood mental health field reflects a combined public health/mental health model. It has its primary roots in a public health approach, emphasizing the promotion of wellness and early intervention, but it draws on mental health knowledge and expertise, as well as strategies for treatment when needed.

### Creating Effective Interventions and Strategies

Consistent with the idea that early childhood mental health systems reflect a combined public health/mental health model, it is important for those developing such systems to think about the characteristics that are likely to promote effective practice. The experience of early leaders in this area, as well as general family support and the best of mental health principles, suggests that developing services and service systems be:

- *Grounded in developmental knowledge.* Early childhood mental health systems of support need to be deeply grounded in developmental knowledge of what is typical and atypical for infants, toddlers, and preschoolers. The theoretical-knowledge base should also include understanding of family developmental processes

*Families and service providers are most likely to make use of the skills and perspectives of early childhood mental health practitioners when, in effect, mental health comes to them.*

and adult learning strategies, since much of the effort will be to help adults develop new patterns of interaction with young children.

- *Relationship-based*. At the core of healthy emotional development are responsive, sensitive child-caregiver interactions that occur over time and across contexts. That means systems of support must be designed to foster healthy relationships among parents and children, children and caregivers, and caregivers and parents.

- *Family supportive*. Although there are some exceptions, in general, the best way to help young children is to strengthen their families' abilities to meet their emotional and other needs. This requires a respectful partnership with families, even the most troubled families, as well as a willingness to address the concrete realities that families face, such as a difficult transition to work, parental ill health, and housing problems.

- *Infused into the existing early childhood networks and services*. Systems of support need to be organized so that young children, families, and other caregivers can get help in the settings that are most comfortable to them and that they trust. Typically, these include homes; center or family-based child care; Head Start, Early Head Start, or preschool programs; and pediatric offices or well-baby clinics. But it also includes settings where children in trouble are already found, such as shelters for homeless families and battered women and their children.

- *Responsive to the community and cultural context*. Those who provide services and supports to young children and families have a special obligation to be responsive to ethnic and cultural strengths and customs and to facilitate understanding among different ethnic and cultural groups. This is particularly important given the demographics of early childhood and the emerging evidence that risk and protective factors may have different impacts on different racial and ethnic groups. One size does not fit all, in research or in program development, given cultural and ethnic diversity.

- *Attentive to outcomes, especially those related to school readiness*. Building an early childhood mental health system of support requires an investment of resources, typically public, but private as well. It is important to develop mechanisms to assess the impact of that investment, particularly in terms of school readiness and early learning.

Some of these characteristics flow directly from an understanding of early childhood development, others from a decade of efforts to infuse the human-service delivery system with principles of family support. Some, such as the attention to outcomes, have implications for both systems accountability and management. One, infusing intervention strategies into the existing early childhood network of services, reflects the lesson that families and service providers are most likely to make use of the skills and perspectives of early childhood mental health practitioners when, in effect, mental health comes to them.[23]

## Defining Services

At the heart of any early childhood mental-health effort is the quality of the intervention offered: the clinical sensitivity of the individual(s) providing the services, the responsiveness to the needs of the children, families, and staff, and the clarity and flexibility of the service plan.

There is growing consensus that three types of preventive and early intervention services are needed: those focused on parents and children; those focused on consultation and training to child care providers, teachers, and others who work directly with the children and families; and those focused on screening and assessment. In addition, services for children and families needing more intensive help must be readily available. Each of these types of services is described briefly below, followed by vignettes illustrating the many ways these services are beginning to be implemented across the country.

*Helping young children grow emotionally in positive ways means helping parents meet their children's needs in responsive ways.*

### Child and Parent Focused Interventions

Helping young children grow emotionally in positive ways means helping parents meet their children's needs in responsive ways. Thus some child and parent focused interventions should focus on prevention, others on early intervention, and still others on helping families access the needed levels of intensive treatment. The nature of the services will also vary depending upon whether the children are infants and toddlers or preschoolers. (In particular, there has been an explosion of knowledge about infant-toddler mental health.)[24]

***Preventive parent-child focused services.*** These types of services can often be provided by those who come into daily contact with families with young children—pediatricians, child development specialists, family support workers, teachers, and child care providers. But to be consistent with the knowledge base, they must be both developmental and relationship-based. Recent surveys suggest that parents both need and want such services across income and race.[25] Examples of strategies that are thought to be broadly preventive in nature (but for which little evidence is yet available) include home visiting to first time parents, public awareness campaigns, and demonstration initiatives such as Healthy Steps, which sought to build child development specialists into pediatric practice.[26]

***Child and parent focused early intervention services.*** Early intervention services are targeted to the large group of young children and families who are exposed to multiple risk factors that increase the probability they will develop more serious problems. This is the group that research so compellingly says are greatly in need of interventions to promote resilience, build new emotional competencies, and help them achieve age-appropriate developmental milestones. Perhaps the clearest articulation of the range of child-parent early intervention services that might be developed comes from legislation proposed by Congressman Patrick Kennedy of Rhode Island, known as the Foundations for Learning Act. (See box.) Although not enacted as of this writing, the legislation calls for:

- *Parent focused services*, including individualized, intensive parent skills training (to differentiate this from more generic parent training strategies), family to family support, and strategies to help home visitors address the more vulnerable families.
- *Child and parent-child focused services to reduce early school failure*, including early intervention services, crisis intervention services, other classroom- and home-based interventions that address the unique needs of the children and promote social, emotional, and behavioral health; mental health services to children and their families for no more than six months (if services cannot be paid for through other means); and screenings, assessments, and referrals.

**SERVICES TO PREVENT EARLY SCHOOL FAILURE IN THE PROPOSED FOUNDATIONS FOR LEARNING ACT**

- Screening and service plan development
- Child and family services, such as:
  - Family support initiatives including *individualized, intensive* (italics added) parenting skills training and family-to-family support
  - Services targeted to children at risk of early school failure and their families including early intervention services, crisis intervention services, screenings, assessments, and referrals and other classroom- and home-based interventions that address the unique needs of the children and promote social, emotional, and behavioral health; mental health services to children and their families for no more than six months (if services cannot be paid for through other means); and coordination of services through other federal programs
  - Regular and intensive home visits to increase the capacity of home visiting programs to assist families in promoting the emotional and social development of young children
- Professional development for early childhood service providers (including those in child care, Early Head Start, Head Start, preschool and kindergarten teachers and child care providers)
  - Programmatic and child- or family-centered consultations to early childhood service providers to assist them in creating environments most conducive to the healthy emotional, social, and behavioral development of young children.
  - Assistance to early childhood service providers in hiring qualified mental health or behavioral health specialists
- Ancillary services to make it possible for children and families to access the other services



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*Early childhood mental health consultation represents an important way to infuse a mental health perspective into programs for young children and their families. It can be delivered in a broad range of settings—child care, home visiting and family support programs, pediatric clinics and practices, Head Start, or Early Head Start. It can also help court and child welfare staff, as well as staff in shelters for homeless families or battered women and children and substance-abuse treatment programs.*

### Services Targeted to Nonfamilial Caregivers

Currently, the primary strategy for helping nonfamilial caregivers is early childhood mental health consultation. Early childhood mental health consultation represents an important way to infuse a mental health perspective into programs for young children and their families. It can be delivered in a broad range of settings—child care, home visiting and family support programs, pediatric clinics and practices, Head Start, or Early Head Start. It can also help court and child welfare staff, as well as staff in shelters for homeless families or battered women and children and substance-abuse treatment programs. Consultants working in these settings can address a broad range of needs, encompassing prevention, early intervention, and, for the most troubled children, referrals for treatment. In any given day activities can include: providing advice to a teacher or parent; designing a classroom-based early intervention strategy; helping arrange for a referral for a child and family with more serious needs; and providing crisis intervention in response to a program, family, community, or sadly, national disaster. The success of the consultant is dependent upon his or her willingness to enter into the culture of the program and to build a working alliance with the staff on behalf of the children and families.[27]

Consultation helps not just the children and families, but, importantly, can also impact the quality of an overall program. As staff learn new skills about child development and family support in general and emotional development in particular, consultation becomes a vehicle for ongoing staff development. This is especially important given the generally poor quality of early childhood programs.[28] For those involved in the court, child welfare, or other agencies designed to serve only families in trouble, consultation can help to assess safety, identify parental strengths and limits, and make permanency decisions. Most importantly, just as in more "normal" settings, consultants can promote new levels of understanding among staff about the principles of early child development.[29] Other provider focused strategies, such as better pre-service training for early childhood teachers and child care providers to increase their competencies in promoting social, emotional, and behavioral skills without consultants, are needed, but, for the most part, are not yet in place.

### Screening, Assessment, and Service Planning

Helping to identify children and families in need of more intensive intervention is a key function of any system of support. Early childhood providers need help in knowing when problems are situational, transitory, or more enduring, how to develop intervention strategies, and when to make referrals. Although a number of tools are emerging to help in the screening and assessment process, the challenge is a difficult one, since development in young children is so fluid, and caution, certainly when any kind of diagnosis is involved, is prudent. For young children needing a diagnosis, there is also widespread dissatisfaction with the standard psychiatric categories, but only limited acceptance of alternatives such as the system developed by Zero to Three, known as DC Zero to Three (DC: 0–3).[30]

### Treatment Services

Services for young children whose problems are clinically significant include both child focused and parent-child focused therapies—referral strategies for the adults to deal with their own problems, including depression or other mental illness, substance abuse, domestic violence, or other barriers to nurturing parenting; intensive community-based strategies such as therapeutic child care; play groups, family-to-family support groups, crisis and respite services; and wrap around services for the children and families.

## Emerging Initiatives

Below are brief examples of state, national, and community efforts to develop services and service delivery strategies to enhance the emotional well-being of young children, especially more vulnerable children.[31]

### Community Initiatives

For the most part, the community initiatives that are emerging to date focus on helping children, families, and providers through early childhood mental health consultation strategies.

*Community initiatives that are emerging to date focus primarily on helping children, families, and providers through early childhood mental health consultation strategies.*

***Day Care Plus*** provides mental health consultation teams (made up of mental health consultants and family advocates) to over 30 family- and center-based child care programs in Cleveland, Ohio. It began as a partnership between a parent-driven early childhood mental health agency, the local child care resource and referral agency, and the county mental health board, with initial support from the United Way, community foundations, and some county mental health dollars. It has now been integrated into the Cuyahoga County Early Childhood Initiative and has received TANF as well as county dollars. Some of the programs, at their request, receive more intensive consultation; others rely on the "rapid response team" to deal with particular crises, such as a child about to be "kicked out" of a program. (The state of Maine is adapting and implementing the Day Care Plus model as well.)

***San Francisco High Quality Child Care Mental Health Consultation Program*** involves a network of culturally competent consultants working with over 75 child care centers and about 100 family child care homes serving different ethnic groups in San Francisco. The initiative grew out of recommendations by a work group from the city's early childhood interagency council and involves the support of multiple city agencies, including the Department of Public Health, which encompasses mental health for children, youth, and families, the Mayor's Office, and the Department of Social Services. A broad range of consultation services are supported from a combination of Medicaid funds (known as Medi-CAL in California), Temporary Assistance for Needy Families (TANF) dollars, and local funds designated by the city. The services include: program and case consultation, staff provider training and parent support activities, direct service to a child or family through family therapy or therapeutic groups with children, and administrative services and evaluation.

***Westchester County Early Childhood Consultation Program*** is a partnership between a mental health agency, the Center for Preventive Psychiatry, and the community agency responsible for Head Start. Started initially in two centers, one solely for homeless children, the program now serves many Head Start agencies in the county. Social work and child development consultants work with specific programs, so the consultants can build stable relationships. A foundation grant has enabled the program to develop training modules as well.

### State Initiatives

State initiatives are more variable. Only one state, Vermont, has developed a truly comprehensive approach. Other states, building on the energy and leadership from within the mental health agencies or the early childhood community, often in combination with broader planning and stakeholder groups, are developing more limited strategies and hoping they can be expanded.

***The Children's Upstream (CUPS) Project*** Vermont, building on a parent-initiated task force report, has engaged a wide group of stakeholders both at the state and regional levels to develop a range of services for young children, their families, and their other caregivers. These include: clinical supervision for child care providers (using mental health dollars for substitute care providers as well as consultants), parent-to-parent support groups, informal play groups, and wraparound services for the most troubled young children and their families. The service array in each region varies according to local need. Many of the services are delivered by a network of 26 full-time early childhood mental health and related staff that the state has hired and trained through the project. Funding comes from both the state,

Medicaid, and the federal Community Mental Health Services Program for Children and Their Families.

***More limited approaches.*** Several states have developed or are developing more limited approaches, either on a sustained or a demonstration basis. For example, in Washington state, in response to concerns from the field about dramatic increases in behavioral and psychosocial challenges in young children, the state Child Care Resource and Referral Network, partnering with Healthy Child Care Washington, conducted a survey about early childhood mental health services and, in partnership with the state Division of Alcohol and Substance Abuse, designed a training curriculum for child care providers working with children and families affected by substance abuse.[32]

In Florida, a public-private task force has developed a broad, strategic plan that calls for three levels of services—one to all young children in the context of their normal settings, a second level to high-risk children also in normal settings, and a third level to young children and families in need of treatment.[33] The state has also provided for three pilot demonstration programs focusing on the most vulnerable young children, those who come before the courts as neglected and abused. Ohio, building on the energy and momentum of Day Care Plus, has allocated two million dollars to provide grants to others around the state seeking to develop early childhood mental health consultation strategies. In Nevada, the state continues to implement its early childhood mental health services to young children at risk of out-of-home placement, working closely with the early childhood community.

A number of states are also engaged in planning efforts as a precursor to policy development. Arizona, Connecticut, Florida, and Illinois are among those states that have developed or are developing strategic plans for addressing infant, toddler, and preschooler mental health needs.[34] In these examples, although state officials have been involved, the impetus is coming from a nonprofit group. In Massachusetts, in contrast, a state work group on early childhood mental health has been formed through what is known as the Executive Summit, an effort to improve outcomes for young children, particularly infants and toddlers, by better coordinating now fragmented state efforts on their behalf.

### National Program Initiatives

In 1996, the Casey Family Program, in partnership with the U.S. Department of Health and Human Services Substance Abuse Mental Health Services Administration (SAMHSA), developed Starting Early Starting Smart, a national initiative to "increase access and utilization of needed behavioral services by families with young children." Carried out in the context of 11 Head Start, child care, and health care settings, the sites each developed intervention strategies consistent with local cultural, program, and community needs. All, however, emphasized and recognized the importance of positive relationships in parent-child, family-staff, staff-agency and agency-agency interactions, and all involved relationship-based family advocacy or care coordination as a central way to help families with multiple needs.[35]

## Common Themes in Effective Initiatives

- *Initial leadership comes from different agencies and systems.* No one agency or system has sole responsibility to develop interventions to address the emotional needs of young children and families, although many agencies and systems are responsible for those who require intervention. This is reflected in the community and state initiatives highlighted above. At the community level, the impetus has come from an early intervention program focused on behaviorally and emotionally challenged young children, a citywide interagency task force, and Head Start. At the state level, both mental health agencies and early childhood leaders, such as the state Healthy Child Care America network and state level resource and referral agencies, have provided initial leadership.

- *Partnerships are key.* Partnerships are evident in all initiatives, although the specific partners vary, especially at the local level. The ones highlighted here include a partnership among an early intervention mental health agency, a community mental health board, a local child care resource and referral agency, and an interagency early childhood planning group partnering with the city mental health agency to develop, fund, and administer the program. At the state level, most of the initiatives have been stimulated by parents and other concerned stakeholders.

**COMMON THEMES OF SUCCESSFUL INITIATIVES**

- Initial leadership comes from different agencies and systems.
- Partnerships are key.
- Services are of different intensities.
- Entry points vary.

All involve at least mental health and early childhood agencies and systems, and some include a much broader network, such as child welfare, substance abuse, and health care agencies.

- *Services are of different intensities.* Early intervention and consultation services are provided along with, in some instances, services for the most seriously troubled children and their families.

- *Entry points vary.* In virtually every community a network of services to support young children and families already exists, thus providing potential points of entry to deliver early childhood mental health services. Most of the approaches highlighted here represent only one or two entry points—most typically, center-based child care or Head Start programs and family child care. But for some, the entry points are systems serving the more vulnerable young children—the courts, for instance.[36] (There are also examples of using substance abuse agencies and shelters as entry points, although, as yet, these tend to be more programmatic, rather than system-linked, approaches.)[37]

## Ten Action Steps to Move the Agenda

Based on the experience of the emerging initiatives, there are predictable challenges and both expected and unexpected opportunities to design services and supports to promote the emotional health of young children and to help their families and other caregivers be more responsive nurturers and teachers. Below are 10 action steps and, drawing on the wisdom of the field, "Tips" from pioneers who have already faced and solved some of the challenges.

**TEN ACTION STEPS TO MOVE THE AGENDA**

1. Build the vision and get started.
2. Pay attention to language.
3. Develop state, community, and national strategies to ensure that healthy emotional development is integrated into the larger early childhood agenda.
4. Ensure a strong family voice in the planning and implementation of services and service delivery strategies to promote healthy emotional development.
5. Address the key infrastructure and policy challenges.
6. Increase the capacity and size of the work force.
7. Increase the ability to track outcomes, efficacy, and cost.
8. Build the evidence base about interventions.
9. Forge national coalitions and partnerships.
10. Strengthen federal leadership.

### 1. Build the vision and get started.

The process of developing early childhood mental health strategies will vary from community to community, depending upon local need, local leadership, and local politics. The early childhood mental health initiatives that are now in place send a very clear message. Build a vision and then get started, even if getting started involves only a piece of the vision. Sometimes, the getting started is hard. But initiatives such as these take on a life of their own, resulting in new ideas, new relationships, and new possibilities for action. Engaging multiple stakeholders in a planning process, ensuring a strong family voice in the planning, design, and implementation strategies, and identifying core partners has been key in many of the emerging initiatives.

This means that building partnerships among as many stakeholders as possible is critical to developing an effective system. At the very least, such partnerships should involve families and representatives of the early childhood and mental health communities. Others who might be at the table include: parents and others involved in the local Early Intervention Councils related to the implementation of the federal Part C program; foster parents and child welfare officials; maternal and child health officials; pediatricians, substance abuse and domestic violence officials; and providers and representatives from Medicaid, Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), and the state



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**TIPS ON GETTING STARTED**

- Engage multiple stakeholders in a planning process to develop a shared framework:
  - See that a broad group of stakeholders are at the table from the beginning (e.g., representatives from multiple agencies, families, legislators, early childhood providers, United Way, HMOs, and the business community, from the schools and child care resource and referral agencies, to the faith-based communities and universities).
  - Seek funding and hire a facilitator to keep the process and the relationships going.
  - Design a process and a doable timetable and goals.
  - Get information about how the challenge is perceived (e.g., through focus groups or surveys).
  - Map what early childhood programs exist and what and how early childhood mental health and related supports might be connected to them.
  - Anchor the process in a home (e.g., university or public-private task force).
- Join existing efforts in health, child care, and early intervention agencies—these are partners who can push the mental health issues, but remember that mental health is joining these efforts, not the other way around.
- Ensure that providers and programs have a stake in planning and can see how early childhood mental health support systems, and especially consultation, will help them.
- Make sure a family voice is represented.
- Ensure that service-delivery system approaches link state-funded child development and family support programs (e.g., home visiting, school readiness grants, and federally funded programs).
- Build on existing strengths (e.g., leadership, interagency networks, strong services, parental advocacy). These will be different in every state and community.
- Be cautious about overselling what early childhood mental health strategies can accomplish, particularly for those children growing up in poverty.
- Focus on high-leverage strategies.

**TIPS ON FINDING THE RIGHT WORDS**

- Choose words carefully:
  - Promote awareness that healthy relationships are at the core of healthy emotional development.
  - Recognize that for many people mental health is still stigmatizing and for "crazy people."
  - Challenge the myths that what happens in the first five years doesn't count (for example, that they are too young to remember).
  - Paint a picture of the children and families that captures the range of needs and opportunities for intervention.
- Develop "sales" strategies tailored to the stakeholder interest:
  - The business community may respond to prevention and early intervention as a way to reduce violence and build a better work force; judges and others who deal with children in trouble may respond to evidence about how these children might have been helped early on; legislators may want to know about links with school readiness and reductions in juvenile justice costs; parents can connect with how interventions to address emotional issues can help their children succeed.
  - Emphasize that all parents need information about and sometimes help in promoting healthy emotional development, not just lower-income families. (However, recognize that legislators are wary of funding for "all children.")
  - Be honest about the reality that there are young children with very serious emotional and behavioral disorders across all income levels and that systems need to be in place to serve them.

Children's Health Insurance Program (CHIP). Even more broadly, it is wise to engage the leaders in the business and faith communities, along with local and state law enforcement agencies (who have been staunch supporters of effective early intervention).

## 2. Pay attention to language.

Building systems of support for the emotional development of young children means finding the right words to engage the public, policymakers, and families, rather than turn them off. The term mental health still carries a stigma, and people are confused by the idea of early childhood mental health. The typical response is a joke about the infant on the couch. More importantly, adults do not like to think that young children suffer. Nor, even if they recognize there are problems, do they like to label these "mental health problems." But, in fact, they are mental health issues. Regardless of what term is used, young children and their caregivers do need developmentally appropriate intervention that will prevent more serious emotional and behavioral problems, repair problematic relationships, and help young children develop the emotional skills they need to succeed in school.

One approach to finding the right words is to describe, through very concrete examples, why children, families, and staff need assistance, and how that assistance can help. People can connect with the hurt of an 18-month-old toddler who has already been in four foster homes and screams when anyone comes near her, or with a sad three-year-old whose eyes never light up. They are shocked to learn that young children in their



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communities are being expelled from early childhood programs. For those parents with seriously emotionally challenged young children, having parents tell their own stories is very compelling. Data based on needs assessment can also help tell the story, especially joined with portraits of the children. The bottom line is that those seeking to build a support structure for emotionally vulnerable young children, their families, and caregivers have a vested interest in learning how to communicate with others in order to engage them in the urgency of the challenge on terms that make sense to them. It is a large task.

### 3. Develop state, community, and national strategies to ensure that healthy emotional development is integrated into the larger early childhood agenda.

During the past decade, there has been increased policy attention across the states to improving outcomes for young children and families. Investments in child development and family support services for infants, toddlers, and preschoolers have increased dramatically (although they remain very low compared to spending for K–12), and some states are developing comprehensive initiatives that combine program development and systems change. For example, 31 states now invest in child development and family support programs for infants and toddlers. (These are programs involving home visiting, or, in six states, supplementing Early Head Start with state funds.) Some 43 states invest in programs for preschoolers—most typically, preschool programs for children at risk by virtue of income or some other risk factors.[38] Furthermore, funding for child care has tripled over the past several years.

This emerging network of child development and family support programs, as well as the increased focus on child care, represents a critical set of entry points for services and systems to promote the emotional health of young children, their families, and their caregivers. Similarly, settings where child health is delivered are also important entry points. But as noted earlier, a broad vision should also include agencies and settings explicitly designed to serve young children already in trouble and those who work with them in child welfare settings, in domestic violence and homeless shelters, and in substance abuse programs.

**TIPS ON DEVELOPING AN ARRAY OF SERVICES IN THE CONTEXT OF EXISTING EARLY CHILDHOOD PROGRAMS**

- Aim for service strategies and systems of supports capable of responding to the range of needs, from parental information about child development to heavy-duty interventions.
- Recognize that while many problems in emotional development are rooted in early emotional experiences and relationships, there are also biological and environmental causes that need to be addressed (such as lead poisoning).
- Emphasize that the focus is on promotion of emotional health and early intervention, but includes attention to children with very serious needs:
  - Help the community understand that early childhood mental health is a cross between a public health/preventive approach and a mental health/intervention approach.
  - Be explicit about the links between emotional health and school readiness.
- Be proactive in developing strategies to support services to young children without diagnoses and to pay for consultation services.
- Make sure that early childhood providers and programs have a stake in designing the services and can understand how these services will help them.
- Make sure that the services will be responsive to family members, including grandparents, siblings, noncustodial fathers, and other caregivers.
- Be prepared to address confidentiality issues.

### 4. Ensure a strong family voice in the planning and implementation of services and service delivery strategies to promote healthy emotional development.

Ensuring a strong family voice has been key to improving mental health services for older children; it is also key to building services for younger children that really meet family needs. Families who have young children with behavioral and emotional challenges are not typically members of organizations, although there are some efforts to build new leadership, particularly through the Federation of Families for Children's Mental Health. However, there are many other organizations where parents of young children are involved in leadership efforts, such as Head Start Parent Councils, and Early Intervention (Part C) Interagency Councils. In some places, these groups are coming together to speak on behalf of all the needs of their young children. Only when those supporting system-building efforts place a high priority on ensuring a family voice by reaching out to families and family organizations and funding parent liaison roles and leadership development will family involvement be real.



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**TIPS ON ENGAGING PARENTS**

- Make sure communication strategies target parent organizations and include parent information materials that can be widely distributed (e.g., through Cooperative Extension agencies).
- If there is no parent organization or coalition of organizations, hire staff within the organizing agency to build parental leadership. Pay family members to be part of teams. (There are precedents for both Medicaid and Part C to pay for parent liaisons.)
- Develop explicit strategies to ensure a strong family voice:
  - Build leadership teams that include families and make sure to include grandparents and other kin caring for young children.
  - Promote peer-to-peer family support and advocacy.
  - Provide child care and transportation, and, if necessary, pay for lost work time to facilitate family involvement.
  - Pay for family liaison staff.
- Include information about emotional and behavioral issues and how families might get help in family newsletters.
- Encourage the development of a coalition of family voices interested in promoting healthy emotional development (e.g., Head Start families, Part C families, Federation for Children's Mental Health families).

## 5. Address the key infrastructure and policy challenges.

Building state and community-based infrastructures to support the emotional health of young children and families means addressing specific challenges and building on specific strengths. These will vary across different jurisdictions: in some instances there will be a strong program as a focal point, in others, committed leadership, in still others, a strong community-early childhood collaboration. But there are also infrastructure and policy challenges and opportunities that are likely to be shared across jurisdictions. The key ones are highlighted below.

### Funding Challenges

Three clusters of funding challenges must be addressed, at present, jurisdiction by jurisdiction.[39]

***Paying for services to children without a diagnosis.*** The largest group of young children in need of early childhood mental health intervention are young children exposed to multiple risk factors predictive of poor emotional and behavioral outcomes. But the funding streams are not organized in a way consistent with science or need. Most mental health systems continue to require a diagnosis as a condition of reimbursement. Typically, children *at risk of emotional disorders* are not eligible for services. This, it should be noted, is not the case for children at risk of development disabilities. Under the federal Early Intervention Program (Part C), states have the option of serving those children if they choose. In recognition of this dilemma, the proposed Foundation for Learning Act conditions eligibility for "services to prevent early school failure" on exposure to two or more risk factors. (See box below.) This could also be a model for a state approach. Some states are also beginning to address the Medicaid challenge directly, finding ways to make that system work more effectively for young children.[40]

***Paying for early childhood mental health consultation services.*** A second funding challenge is paying for consultation services. Since there is no dedicated funding stream to support consultation to providers, states and communities must cobble together different, and sometimes unstable, funding sources. Clearly, this can be done. For example, Ohio uses state mental health funds to pay for its consultation initiative. Other programs are using TANF funds, local revenues, other state sources of money, or quality child care improvement funds from the federal Child Care and Development Fund. It does not have to be this way. In the 1970s, community mental health agencies were, for a short time, *required* to provide consultation services to early childhood programs as well as other early childhood

**RISK FACTORS DETERMINING ELIGIBILITY FOR SERVICES TO PREVENT EARLY SCHOOL FAILURE IN THE PROPOSED FOUNDATIONS FOR LEARNING ACT**

- Low birthweight
- Cognitive deficit or developmental disability
- Family income below 200 percent of the federal poverty line
- Custodial parent with less than a secondary school diploma
- Parental substance abuse
- Parental depression or other mental illness
- Abuse, maltreatment, or neglect
- Early behavioral and peer relationship problems
- Exposure to violence, homelessness, or removal from or at risk of removal from child care for behavioral reasons



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mental heath services.[41] In response to the lack of attention to more seriously disturbed children and adolescents, resources were reallocated, and now virtually all are targeted to the most seriously disturbed. This is a population whose needs must be addressed. But it is also foolish public policy to wait to intervene until the children become seriously disturbed, when signs of a problem manifest much earlier.

***Paying for therapeutic services for parents and young children.*** Another funding challenge is how to pay for relationship-based therapies, particularly for mothers and babies. There are still some children's mental health funders who do not reimburse for family therapy, including infant-mother therapy. This results in sometimes truly absurd but also harmful situations. For instance, one community mental health center seeking to provide dyadic therapy said the baby was the indicated client. But the agency's comptroller rejected the claim since the baby didn't sign the treatment plan. Similar restrictions on dyadic therapies are often attributed to Medicaid, although it does not have to be that way. It is also very difficult to fund intensive two-generation intervention strategies to help young children and their parents facing severe parenting barriers, such as substance abuse, domestic violence, and depression. There is a long history in this country of funding two-generation demonstrations that generally find that such integrated services are effective.[42] But there has been no effort at the federal level to provide incentives to communities to use the major mental health and substance abuse funding streams along with child-focused mental health services to sustain these efforts so that they become an ongoing part of the community support system.

The bottom line is that funding practices that restrict or prohibit relationship-based services for young children and two-generational integrated behavioral health strategies are woefully out of sync with the state of empirical knowledge. This results in a costly misallocation of resources: either inappropriate services that *can* be paid for are provided, or young children simply must wait until they become seriously emotionally disturbed. States and communities are problem-solving about funding in two ways. First, they are using existing federal funding streams creatively to make the most out of the resources that they provide. This includes

**TIPS ON FUNDING STRATEGIES**

- Explore ways to maximize existing federal and state funding:
  - Maximize the use of existing federal funding streams (e.g., Medicaid, EPSDT, Part C, Child Welfare)
  - Use state plans for leverage: for example, insert language about mental health in CCDF plans or work for small changes in Medicaid state plans that can make a big difference (such as changing definitions from individual to family, which can result in support for mother-baby dyadic therapy).
  - Consider developing a special 0-5 Medicaid mental health plan.
- Address the need to ensure that young children with multiple risk factors receive early intervention services without having to have a diagnosis.

Medicaid, EPSDT, and Part C, as well as other sources such as TANF, CCDF, and child welfare funds. Mental health dollars can clearly be used to serve the most troubled young children and families. Second, they are targeting state dollars to supplement the services that federal dollars cannot support.

## Interagency and Interdisciplinary Barriers

Building systems of support also means building cross-system partnerships as well as partnerships with community and state leaders and others. One issue that must be addressed concerns conflicting expectations and values across the different systems. For example, the early childhood community has often resisted giving children diagnoses reflective of serious emotional and behavioral disorders, resulting in a failure to identify children who really need services.[43] Mental health systems, for the most part, have ignored children under age six, and some, even in the face of powerful evidence, continue to argue that children cannot even have serious problems until at least age six. The pediatric community often misses signs of serious emotional problems in young children or does not know where to turn if they do recognize them. Adult-focused systems, such as adult mental health, substance abuse, and domestic violence, typically do not address the needs of their clients as parents, nor often even identify whether young children are involved. Child welfare systems often fail to take explicit steps to enhance the development of young children in their care, although these are, by definition, a very high-risk group who have typically already been abused or neglected. But the bottom

**TIPS ON BUILDING PARTNERSHIPS ACROSS AGENCIES**

- Embrace "systems diversity" not just ethnic and cultural diversity. Reach out beyond the child care, early education, and health communities to early intervention and special education, child welfare, domestic abuse, and substance abuse communities.
- Recognize tensions that may exist across the systems and perspectives of the stakeholders.
- Build common training strategies addressing values and skills, and dealing with system barriers.

line is that given responsive leadership, all of these barriers can be faced and overcome, as has been the case in the examples highlighted above.

### 6. Increase the capacity and size of the work force.

There are individuals trained in child development and there are mental health clinicians, but there are too few professionals able to function as early childhood mental health specialists. Those who provide or oversee the provision of services and supports to prevent problems and restore emotional health to young children and their families need a broad range of skills. These include developmental knowledge, clinical sensitivity and expertise, understanding of family dynamics, and comfort in working with individuals and families from multiple cultures. There are simply not enough people with these skills to address the need. The initiatives highlighted in this document and others across the country virtually uniformly report that recruiting and hiring is a major challenge. Clinical training typically does not include any specialized focus on young children and families, either through psychology, social work, or psychiatry. Nor can child development professionals find ways to enhance their own knowledge base. Zero to Three, through its national fellows program and its other training activities, has played a core role in expanding the field. But there is still a need for incentives both within states and at the federal level to ensure that there is a sufficient supply of skilled interventionists who can help the children, families, and staff whose needs are so great. Models to enrich professional child development training strategies or to develop social work masters' programs in early childhood and family mental health are waiting to be developed.

*There are individuals trained in child development and there are mental health clinicians, but there are too few professionals able to function as early childhood mental health specialists. The initiatives highlighted in this document and others across the country virtually uniformly report that recruiting and hiring is a major challenge.*

This means that for states starting broad early childhood mental health initiatives, training incentives and partnerships with universities should be integrated into the planning and implementation processes.

### 7. Increase the ability to track outcomes, efficacy, and cost.

From the perspective of policymakers, it is increasingly important to understand how particular interventions or clusters of intervention affect outcomes for children. This calls for program-level evaluations and accountability mechanisms. It is especially important for programs to articulate specific objectives for the mental health approach and to make sure that the strategies and the evaluations mesh with these objectives. But there is also an opportunity to link early childhood mental health initiatives with the broader conversation that is occurring in communities all across the country about how to assess the school readiness of young children. These dialogues represent a tangible way of helping to frame school readiness as a broad set of developmental competencies across multiple domains, particularly in the face of pressure to narrow the focus to cognitive skills and ignore the emotional components of academic success. Therefore, it is especially important that indicators of social and emotional development be included in communitywide needs-assessments. In turn, since emotional health is such a core component of school readiness, building in community capacity to track trends over time may help inform the next generation of community initiatives to promote success in the early school years.

*There has been woefully little research on the efficacy of interventions designed to explicitly address the kinds of emotional challenges being reported by the early childhood community.*

### 8. Build the evidence base about interventions.

The knowledge base about the causes and consequences of problematic emotional development in young children is extensive and compelling, providing a solid rationale for intervention. Poor emotional development affects a young child's ability to learn and to engage with peers. Later, it may result in antisocial behavior linked to violence, delinquency at worst, and lack of productivity at best. But there has been woefully little research on the efficacy of interventions designed to *explicitly* address the kinds of emotional challenges being reported by the early childhood community.

During the late 1990s, two national research and demonstration efforts were funded, one through Head Start University-Based Research Partnerships, and the other, Starting Early Starting Smart, through a partnership between the Casey Family Program and SAMHSA. The federal Center for Mental Health Services is also supporting research about field-based efforts to integrate evidence-based interventions into ongoing programs. From a scientific perspective, we know far more about the causes and consequences of poor emotional development in young children than we do about how to interrupt those causes and consequences.[44] This is particularly troubling since there is some national pressure to fund only "evidence-based interventions" with federal dollars. But for young children and families, there is relatively little evidence about how best to promote emotional resilience, other than the evidence from more generic child development and family support interventions.

The need to build and fund a solid national research agenda asking questions to address gaps in knowledge and promoting the use of shared measures is critical. So, too, is the need to wrap research around the emerging field-based strategies, much as was done with older children's mental health.[45]

**TIPS ON ACCOUNTABILITY, EVALUATION, AND OUTCOMES**

- Consider the use of fiscal incentives to promote the use of knowledge-based practice.
- Manage inappropriate expectations for long-term outcomes. (It may be enough to change the probability curve for children when they enter into the early grades— interventions can shift the odds but not inoculate for life streams.
- Be explicit about the links between emotional health and school readiness. Make sure there are social and emotional indicators in efforts to monitor school readiness outcomes.
- Develop strategies to track outcomes:
  - Identify and promote broader use of shared indicators of success that are policy relevant, such as fewer children being kicked out of child care or going into special education, fewer repeating kindergarten or in foster care.
  - Work toward integrated, cross-system data sets (e.g., Rhode Island's child health data system), but recognize that this will be difficult, since most state agencies have their own data sets and either will not or lack the capacity to share across agencies.
- Develop, test, and aim for some cross-site comparability of system, program, and child performance indicators.
- Promote research on the efficacy of interventions and the longer-term impacts.

### 9. Forge national coalitions and partnerships.

The challenge of promoting healthy emotional development is a large one, given the high rate of poverty and near poverty in the United States. A unified voice is needed. One way to build this voice is to promote the kinds of cross-disciplinary, cross-system, and foundation collaborations at the national level that are emerging at the state level. This will require linking the issue of young children's social and emotional health to the core agendas of organizations concerned with other aspects of child and family development and family economic security. This is an opportune time, as many of the key organizations are already beginning to place greater emphasis on social, emotional, and behavioral issues, either linked with school readiness or with child and family health.

*From a scientific perspective, we know far more about the causes and consequences of poor emotional development in young children than we do about how to interrupt those causes and consequences.*

### 10. Strengthen federal leadership.

Over the past several years, there have been increasing signs of federal recognition of the importance of early emotional development. This is reflected in the SAMHSA/Casey Family Programs partnership that spawned Starting Early Starting Smart, in the forums that have been held for the national network of child care administrators and for the Head Start community on infant and early childhood mental health, and in the support through the Head Start Bureau for a time-limited research consortium. Most importantly, two new centers have been funded, one to promote technical assistance, the other to promote research on young children with challenging behaviors.[46] In Congress, support has emerged for the Foundations for Learning Act, which, although not yet enacted, would provide dedicated funds for services to prevent early school failure by virtue of emotional and behavioral problems.

These efforts are important. But much more can be done to strengthen leadership at the federal level on this important issue. Clearly, there is a need to enact something like the Foundation for Learning Act. But there are also important steps that might be taken to strengthen the existing legislation. For example, consistent with the need to infuse early childhood mental health support strategies into existing programs and services rather than creating separate categorical funds, it might be possible to build in incentives to address early childhood mental health issues explicitly in existing legislation. Creating incentives within Part C to help the early intervention community build the skills and competencies needed to address the emotional and behavioral challenges facing infants and toddlers could provide an important starting point. Similarly, adding language to the Child Care and Development Block Grant to promote the use of early childhood mental health as a quality improvement strategy could provide another useful incentive. Incentives to encourage the existing network of programs funded through Community Mental Health Services for Children and Their Families to partner with the early childhood community, building on the Vermont experience, would also help. And, as noted above, there is a crucial need for the federal government to play a more active role in promoting a research agenda that will rigorously add to the knowledge base of how best to improve practice.

## Conclusion

Paying attention to the healthy emotional development of young children can no longer be put off. This guide sets forth a framework for community and state action to help families and caregivers address the widespread emotional challenges that young children are facing all across this country. It describes the scope of the problem; highlights emerging strategies, challenges, and opportunities; and provides concrete tips for those seeking to claim young children whose needs for responsive interventions are now going unheeded. It sends a clear message. Even in the face of limited resources, by forging new alliances and building on local and state assets that already exist, it is possible to move forward and respond to an arena of child development that has, from a public policy and practice perspective, been too long ignored.

*Even in the face of limited resources, by forging new alliances and building on local and state assets that already exist, it is possible to move forward and respond to an arena of child development that has, from a public policy and practice perspective, been too long ignored.*

**APPENDIX A**

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**APPENDIX B**

## Selected National Organizations

**Bazelon Center for Mental Health Law**
1101 15th Street, NW, Suite 1212
Washington, DC 20005
Phone: 202-467-5730
Web site: www.bazelon.org/
Of special relevance: Publications that explain key legal and policy issues (e.g., Medicaid) in everyday language.

**Center on the Social and Emotional Foundations for Early Learning (CSEFEL)**
Department of Special Education
University of Illinois, Urbana-Champaign
288 Education Building, MC-708
1310 South Sixth Street
Champaign, IL 61820
Phone: 217-333-0260
Fax: 217-333-6555
E-mail: mlhemm@uiuc.edu
Of special relevance: Collaboration to improve the capacity of Head Start and other child care programs to promote the social and emotional development of the preschool-age children they serve.

**Early Trauma Treatment Network**
c/o Child Trauma Research Project
San Francisco General Hospital, Building 20
Suite 2100, Room 2122
1001 Potrero Avenue
San Francisco, CA 94110
Phone: 415-206-5979
Of special relevance: Testing and dissemination of a child-parent psychotherapy mental health intervention model for treating young children and their mothers who have experienced trauma related to child abuse, domestic violence, or community violence.

**Federation of Families for Children's Mental Health**
1021 Prince Street
Alexandria, VA 22314-2971
Phone: 703-684-7710
Web site: www.ffcmh.org
Of special relevance: Parent advocacy for children with emotional and behavioral challenges.

**National Center for Children in Poverty**
Columbia University Mailman School of Public Health
154 Haven Avenue
New York, NY 10032-1180
Phone: 212-304-7100
Web site: www.nccp.org
Of special relevance: Publications that focus on the emotional well-being of young children, particularly in low-income families, from a policy and program perspective.

**National Head Start Association**
1651 Prince Street
Alexandria, VA 22314
Phone: 703-739-0875
Web site: www.nhsa.org
Of special relevance: Annual institute on mental health in Head Start programs.

**National Technical Assistance Center for Children's Mental Health**
Georgetown University
Child Development Center
3307 M Street, NW
Washington, DC 20007-3935
Phone: 202-687-5000
Web site: www.georgetown.edu
Of special relevance: Technical assistance related to early childhood mental health.

**Zero to Three: National Center for Infants, Toddlers, and Families**
2000 M Street, NW, Suite 200
Washington, DC 20036
Phone: 202-638-1144 or 800-899-4301
Web site: www.zerotothree.org
Of special relevance: Publications that focus on the emotional well-being of infants and toddlers; also hosts a technical assistance center for Early Head Start.

## APPENDIX C

## Selected References for Policymakers

**A Good Beginning: Sending America's Children to School With the Social and Emotional Competence They Need to Succeed**
By Robin Peth-Pierce
Available from:
The National Institute of Mental Health
Office of Communications and Public Liaison
6001 Executive Boulevard, Room 8184, MSC 9663
Bethesda, MD 20892-9663
Phone: 301-443-4513
Fax: 301-443-4279
E-mail: nimhinfo@nih.gov
Web site: www.nimh.nih.gov/chilhp/fdnconsb.htm

**Creative Fiscal Strategies to Enhance Emotional Health in Young Children: Case Studies of Community and State Initiatives**
Promoting the Emotional Well-Being of Children and Families Policy Paper No. 4 (Forthcoming)
By Kay Johnson
Available from:
National Center for Children in Poverty
Columbia University Mailman School of Public Health
154 Haven Avenue, Attn: Publications
New York, NY 10032-1180
Phone: 212-304-7100
Fax: 212-544-4201
E-mail: nccp@columbia.edu
Web site: www.nccp.org

**Early Childhood Mental Health Consultation**
By Elana Cohen & Roxanne Kaufmann (2000)
Available from:
National Technical Assistance Center for Children's Mental Health
Georgetown University Child Development Center
3307 M Street, NW, Suite 401
Washington, DC 20007
Phone: 202-687-5000 or 800-899-4301
Fax: 202-687-1954
Web site: www.georgetown.edu

**Florida's Strategic Plan for Infant Mental Health: Establishing a System of Mental Health Services for Young Children and Their Families in Florida (2000)**
Report prepared for Florida Developmental Disabilities Council
Available from:
Florida State University, Center for Prevention and Early Intervention Policy
1339 East Lafayette Street
Tallahassee, FL 32301
Phone: 850-922-1300
Fax: 850-922-1352
E-mail: khp0937@mailer.fsu.edu
Web site: www.fsu.edu/~cpeip/

**From Neurons to Neighborhoods: The Science of Early Childhood Development**
Edited by Jack P. Shonkoff and Deborah A. Phillips (2000)
Available from:
National Academy Press
2101 Constitution Avenue, NW
Lockbox 285
Washington, DC 20055
Phone: 888-624-8373 or 202-334-3313
Fax: 202-334-2451
E-mail: tjones@nas.edu
Web site: http://books.nap.edu/catalog/9824.html?onpi_newsdoc100300

**Funding Early Childhood Mental Health Services and Supports**
By Amy Wishmann, Donald Kates, and Roxanne Kaufmann (2001)
Available from:
Georgetown University Child Development Center
Center for Child Health and Mental Health Policy
3307 M Street, NW
Washington, DC 20007
Phone: 202-687-8635
Fax: 202-687-8899
Web site: gucdc.georgetown.edu/fundingpub.html

**Handbook of Infant Mental Health, 2nd edition**
Edited by Charles H. Zeanah, Jr. (1999)
Available from:
Guilford Press
72 Spring Street
New York, NY 10012
Phone: 800-365-7006 or (212-431-9800
Fax: 212-966-6708
E-mail: info@guilford.com
Web site: www.guilford.com/cartscript.cgi?page=cpap/zeanah.htm&cart_id=478863.1167

**Improving the Odds for the Healthy Development of Young Children in Foster Care**
Promoting the Emotional Well-Being of Children and Families Policy Paper No. 2 (2001)
By Sheryl Dicker, Elysa Gordon, and Jane Knitzer
Available from:
National Center for Children in Poverty
Columbia University Mailman School of Public Health
154 Haven Avenue, Att: Publications
New York, NY 10032-1180
Phone: 212-304-7100
Fax: 212-544-4201
E-mail: nccp@columbia.edu
Web site: www.nccp.org

**Key Principles in Providing Integrated Behavioral Health Services for Young Children and Their Families: The Starting Early Starting Smart Experience**
By Lori Hanson, David Deere, Carol Amundson Lee, Amy Lewin, and Carolyn Seval for the Starting Early Starting Smart Steering Committee (2001)
Available from:
National Clearinghouse for Alcohol and Drug Information (NCADI)
U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMSHA)
Phone: 800-729-6686 or 301-468-2600
Fax: 301-368-6433
E-mail: info@health.org
Web site: www.health.org

**Lessons from the Field: Head Start Mental Health Strategies to Meet Changing Needs**
By Hiro Yoshikawa and Jane Knitzer (1997)
Available from:
National Center for Children in Poverty
Columbia University Mailman School of Public Health
154 Haven Avenue, Attn: Publications
New York, NY 10032-1180
Phone: 212-304-7100
Fax: 212-544-4201
E-mail: nccp@columbia.edu
Web site: www.nccp.org

**Making Sense of Medicaid for Children with Serious Emotional Disturbance**
By Chris Koyanagi (1999)
Available from:
Bazelon Center for Mental Health Law
1101 15th Street, NW, Suite 1212
Washington, DC 20005-5002
Phone: 202-467-5730
Web site www.bazelon.org

**Mental Health Consultation in Early Childhood**
By Paul J. Donohue, Beth Falk, and Anne Gersony Provet (2000)
Available from:
Paul H. Brookes Publishing Company, Inc.
P.O. Box 10624
Baltimore, MD 21285-0624
Phone: 800-638-3775
Fax: 410-337-8539
E-mail: custserv@brookespublishing.com
Web site: www.brookespublishing.com/

**Promising Practices in Early Childhood Mental Health**
Systems of Care: Promising Practices in Children's Mental Health 2001 Series, Vol. 3 (2001)
By Jennifer S. Simpson, Pauline Jivanjee, Nancy Koroloff, Andrea Doerfler, and Maria Garcia
Available from:
Center for Effective Collaboration and Practice
American Institutes for Research
1000 Thomas Jefferson St., NW, Suite 400
Washington, DC 20007
Phone: 888-457-1551 or 202-944-5400
Fax: 202-944-5454
E-mail: center@air.org
Web site: http://www.air.org/cecp/new_products.htm

**Promoting Resilience: Helping Young Children and Parents Affected by Substance Abuse, Domestic Violence, and Depression in the Context of Welfare Reform**
Children and Welfare Reform Issue Brief No. 8 and Promoting the Emotional Well-Being of Children and Families Policy Reprint (1999)
By Jane Knitzer
Available from:
National Center for Children in Poverty
Columbia University Mailman School of Public Health
154 Haven Avenue, Attn: Publications
New York, NY 10032-1180
Phone: 212-304-7100
Fax: 212-544-4201
E-mail: nccp@columbia.edu
Web site: www.nccp.org

**Using Mental Health Strategies to Move the Early Childhood Agenda and Promote School Readiness**
Starting Points and Promoting the Emotional Well-Being of Children and Families Policy Reprint (2000)
By Jane Knitzer
Available from:
National Center for Children in Poverty
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## Endnotes

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46. The Center on the Social and Emotional Foundations for Early Learning (CSEFEL) was funded in fall 2001 by the Child Care Bureau of the U.S. Department of Health and Human Services. It is being jointly run by Mary Louise Hemmeter, associate professor in the Department of Special Education at the University of Illinois, Urbana-Champaign, and Phillip Strain, professor of educational philosophy, at the University of Colorado, Denver, and faculty and staff from a number of other institutions across the United States.

**NATIONAL CENTER FOR CHILDREN IN POVERTY**

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The NATIONAL CENTER FOR CHILDREN IN POVERTY (NCCP) was established in 1989 at the School of Public Health, Columbia University, with core support from the Ford Foundation and the Carnegie Corporation of New York. The Center's mission is to identify and promote strategies that prevent child poverty in the United States and that improve the lives of low-income children and their families.

NCCP:

- Places a special emphasis on preventing or alleviating poverty among children under age six because young child poverty poses particularly serious risks to children's healthy growth and development.
- Conducts and synthesizes relevant research to meet the needs of key audiences that work on issues affecting low-income families.
- Uses sound research to identify and promote wise investments in low-income families that have important long-term benefits for children, families, their communities, their states, and the nation as a whole.
- Employs a multi-disciplinary approach to build bridges between academic research, field-based knowledge of the experiences of low-income families raising children, attitudinal research, and the development of public and private sector initiatives for low-income families with children.
- Works to accurately, effectively, clearly, and broadly communicate its research in compelling ways.
- Emphasizes providing useful information to state and local policymakers as they establish goals and objectives and allocate resources for efforts to prevent or alleviate child poverty.
- Helps key stakeholders and the general public understand and effectively respond to the constantly changing face of child poverty. NCCP does this by assessing and tracking: the definition and measurement of child poverty; the impact of child poverty on various sub-populations; the effects of particular policies on low-income families and children; and public attitudes and awareness regarding child poverty, low-income families, and related issues.

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